

DNR USE ONLY

☐ Paper Report☐ Electronic Data - Email CD (data loaded: Yes / No)

Doc/Event #:

NC DENR

Division of Waste Management - Solid Waste

Environmental Monitoring
Reporting Form

Notice: This form and any information attached to it are "Public Records" as defined in NC General Statute 132-1. As such, these documents are available for inspection and examination by any person upon request (NC General Statute 132-6).

Instructions:

- Prepare one form for each individually monitored unit.
- Please type or print legibly.
- Attach a notification table with values that attain or exceed NC 2L groundwater standards or NC 2B surface water standards. The notification must include a preliminary analysis of the cause and significance of each value. (e.g. naturally occurring, off-site source, pre-existing condition, etc.).
- Attach a notification table of any groundwater or surface water values that equal or exceed the reporting limits.
- Attach a notification table of any methane gas values that attain or exceed explosive gas levels. This includes any structures on or nearby the facility (NCAC 13B .1629 (4)(a)(i)).
- Send the original signed and sealed form, any tables, and Electronic Data Deliverable to: Compliance Unit, NCDENR-DWM, Solid Waste Section, 1646 Mail Service Center, Raleigh, NC 27699-1646.

Solid Waste Monitoring Data Submittal Information

Name of entity submitting data (laboratory, consultant, facility owner):

CRAVEN COUNTY

Contact for questions about data formatting. Include data preparer's name, telephone number and E-mail address:

Name: ENVIRONMENT 1 INC.

Phone: (252) 756-6208

E-mail:

Facility name:

CRAVEN COUNTY
OLD LANDFILL

Facility Address:

7400 OLD US HWY
70 WEST
NEW BERN NC 28562

Facility Permit #

2503

NC Landfill Rule:
(.0500 or .1600)Actual sampling dates (e.g.,
October 20-24, 2006)

11-19-15

Environmental Status: (Check all that apply)

☐ Initial/Background Monitoring ☐ Detection Monitoring ☐ Assessment Monitoring ☐ Corrective Action

Type of data submitted: (Check all that apply)

- | | | | |
|-------------------------------------|---|--------------------------|--|
| <input checked="" type="checkbox"/> | Groundwater monitoring data from monitoring wells | <input type="checkbox"/> | Methane gas monitoring data |
| <input type="checkbox"/> | Groundwater monitoring data from private water supply wells | <input type="checkbox"/> | Corrective action data (specify) _____ |
| <input type="checkbox"/> | Leachate monitoring data | <input type="checkbox"/> | Other(specify) _____ |
| <input type="checkbox"/> | Surface water monitoring data | | |

Notification attached?

- ☐ No. No groundwater or surface water standards were exceeded.
- ☒ Yes, a notification of values exceeding a groundwater or surface water standard is attached. It includes a list of groundwater and surface water monitoring points, dates, analytical values, NC 2L groundwater standard, NC 2B surface water standard or NC Solid Waste GWPS and preliminary analysis of the cause and significance of any concentration.
- ☐ Yes, a notification of values exceeding an explosive methane gas limit is attached. It includes the methane monitoring points, dates, sample values and explosive methane gas limits.

Certification

To the best of my knowledge, the information reported and statements made on this data submittal and attachments are true and correct. Furthermore, I have attached complete notification of any sampling values meeting or exceeding groundwater standards or explosive gas levels, and a preliminary analysis of the cause and significance of concentrations exceeding groundwater standards. I am aware that there are significant penalties for making any false statement, representation, or certification including the possibility of a fine and imprisonment.

Facility Representative Name (Print)

Title

(Area Code) Telephone Number

Affix NC Licensed/ Professional Geologist Seal

Signature

Date

406 CRAVEN ST. NEW BERN NC 28560